

**QUESTIONNAIRE FOR FIDELITY GUARANTEE INSURANCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Insured** | **:** |  |  |  |  |  |
| **Address** | **:** |  |  |  |  |  |
|  |  |  | **Telephone Number** | **:** |  |
|  |  |  | **Fax Number** |  | **:** |  |
| **Contact Person** | **:** | **Name:** |  |  |  |
|  |  |  | **Designation:** |  |  |
|  |  |  | **Mobile Number:** |  |  |
|  |  |  | **Email id:** |  |  |  |
| **Nature of Business** | **:** |  |  |  |  |  |
| **Period of insurance** | **:** |  |  |  |  |  |
| **Sum Insured** | **:** | (Currency in \_\_\_\_\_\_\_\_\_\_\_ ) |  |
|  |  |  |  |  |  |  |
|  | **Employees** |  |  |  | **Limit (designation wise)** |
|  |  |  |  |  |  |  |
|  | Designation |  | No. |  | Per employee | Aggregate |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Claims experience (for past 3 years):**